


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90151 042 ****61.25

DOCUMENT # 738073	
1. Entity Name SUWANNEE FOREST PARK HILLS, INC.	

Principal Place of Business RT. 2 TERIKO DRIVE P.O. BOX 885 OLD TOWN FL 32680	Mailing Address RT. 2 TERIKO DRIVE P.O. BOX 885 OLD TOWN FL 32680
---	---



2. Principal Place of Business Suite, Apt. #, etc. _____		3. Mailing Address Suite, Apt. #, etc. _____	
City & State _____		City & State _____	
Zip _____	Country _____	Zip _____	Country _____

1st MOORE CR2E037 (10/05) ---

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
---	--	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARON, MARY 902 N.E. 424 AVE OLD TOWN FL 32680	
7. Name and Address of New Registered Agent Name Edward T Clark Street Address (P.O. Box Number is Not Acceptable) 798 NE 835 ST City Old Town FL Zip Code 32680	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Edward T Clark Edward T Clark 4/19/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCCORMICK, MILLIE HC2 BOX 256 OLD TOWN FL 32680 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Sue Ice 1319 NE 272 AVE OLD TOWN FL 32680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARON, MARY 902 N.E. 424 AVE. OLD TOWN FL 32680 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Edward T Clark 798 NE 835 ST OLD TOWN FL 32680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MAPLES, NANCIE 335 N.E. 432 AVE. OLD TOWN FL 32680 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Peggy L Clark 798 NE 835 ST OLD TOWN FL 32680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELALLA, ANNE 52 N.E. 817 ST. OLD TOWN FL 32680 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Willis Williams 393 NE 428 AVE OLD TOWN FL 32680 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREEN, BETTY HC2 BOX 631 OLD TOWN FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Delalla Anne 52 NE 817 ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEEK, NANCY 306 N.E. 432 AVE OLD TOWN FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward T Clark 4/19/06 352 542 9774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #